## CEF SOC LTD BURSARY SCHEME APPLICATION FORM 2020



## **Dear Applicant**

Thank you for your interest in the CEF SOC Ltd Bursary Programme for the 2020 Academic Year. Please complete this Application Form and submit the completed form within the prescribed timelines. For your application to be considered, please ensure that you comply with all requirements and attach supporting documents.

Please tick ✓ or × cross where applicable

SECTION A: PERSONAL INFORMATION OF APPLICANT								
Surname								
First Names								
Date of Birth	Day			Month	٦		Yea	r
Identity Number				l		1		
Race	Afric	African Colou		oured	Indian	White	Othe	er
Gender	Femo	ale				Male		
Disability	No	Yes	If Y	es, ple	ase describe yo	our disabilit	ty:	
	1		•					
SECTION B: DETAILS O	F PROI	POSE	STU	DIES				
Name of Qualification								
Name of Institution								
Year of Study								
Qualification Start Date								
Type of Study: e.g. Full/ Part Time								
SECTION C: LATEST ACADEMIC RESULTS								
Current Institution	Hiah	schoo	 ol	С	ollege	University	,	Other

SECTION C: LATEST ACADEMIC RESULTS					
Current Institution	High school	College	University	Other	
Name of Institution					
Previous Academic Results	Subjects/ Modules/ Courses (attach Academic Transcript)			Results %	

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			(SOC) Ltd
SECION D: RESIDENTIA	L ADDRESS		
Residential Address: (Home Residential			
Details):			
Postal Address (If Different from			
Residential Address)			
SECTION E: CONTACT	DETAILS		
Cell Phone Number			
Alternate number			
Landline Number			
Email address			
Alternate contact Person Number			
Alternate Person			
Email Address			
SECTION F: PARENTS II	NFORMATION/ LEGAL GUARDIA	N	
Name and Surname		ID	
of Mother		Number	
Name and Surname of Father		ID Number	
Name and Surname		ID	
of Legal Guardian		Number	
Currently Employed	YES	NO	
Occupation			
Company name			
Total Household			
Income (attach proof)			

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SECTION G: THE APPLICANT/ PARENT/ LEGAL GUARDIAN ACKNOWLEDGE AND DECLARE THAT THEY HAVE TAKEN DUE COGNISANCE OF THE CONTENT OF INDICATED IN THIS FORM AND DECLARE THAT ALL INFORMATION PROVIDED IS ACCURATE AND TRUE.					
Applicant Signature		Date			
Place					
Parent/ Legal		Date			
Guardian Signature					
Place					

SECTION H: WITNESSES SIGNATURES	
WITNESS 1-:	
Signature:	_ Date:
Place:	
WITNESS 2-:	
Signature:	Date:
Place:	

BURSARY APPLICATION FORM CHECKLIST				
Required Document	Tick			
Copy of Completed Application Form				
2. Copy of Grade 12 Mid-Year Results				
3. Cope of Grade 12 Final Results with 75% average				
4. Copy of Provisional Admission Letter				
5. Copy of Applicants Certified ID				
6. Copy of Parents/Legal Guardian Certified ID's				
7. Proof of Financial Status (Payslip or social grants slips or Affidavit of Parent/Legal Guardian if there is no family income)				
8. Proof of residential address				